2003

D-30

Unincorporated Business Franchise Tax Forms and Instructions

# Secure - Accurate - Convenient ...



Notice: The DC Council has fully decoupled from the Internal Revenue Code (IRC) bonus depreciation and increases to the amount allowed as a deduction under IRC §179, addititional expenses. Therefore, for DC tax purposes, do not claim bonus depreciation or additional 179 expenses.

File Your Estimated
Tax Payments
Electronically Today!
www.cfo.dc.gov/etsc

Late legislative changes and important information appear in red. Line 37 and minimum tax instructions have been clarified, see page 8.

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#### If you need to file any of the following:

- Form FP-31 Personal Property Tax Return
- Form FR-800A or 800M Sales and Use Tax Return (Annual or Monthly)
- Form FR-900A or 900M Employer's Withholding Tax Return (Annual or Monthly)

Call (202) 727-4TAX(4829) or visit our website www.cfo.dc.gov

Send in your original DC return, not a copy. Do not fold your return. Be sure to keep a copy for your records. For one ounce the postage is 49 cents; for two ounces the postage is 60 cents. Extra postage of 23 cents is required for each additional ounce.

### How can you contact us?

Talk to representatives
Ask tax questions
Get forms
Attend workshops

#### **Telephone numbers**

#### **Customer service**

202-727-4TAX(4829)
Representatives are available to answer your tax questions

Regular hours 8:15 a.m.–4:45 p.m. Monday–Friday, except holidays

Extended hours
March 31-April 14
8:15 a.m.-6:00 p.m.
Monday-Friday
April 15
8:15 a.m.-8:00 p.m.

#### Request tax forms by mail

202-442-6546

#### Request tax forms by fax

202-727-4TAX(4829) (option 1)

#### **Tax Fraud Hotline**

1-800-380-3495 Report fraudulent tax activity

#### Assistance for the hearing/speechimpaired

202-855-1234 (this is the local Relay Service)

#### Walk-in service centers

#### Office of Tax and Revenue

941 North Capitol St NE, 1st floor Ask tax questions, get tax preparation assistance and pick up tax forms

Regular hours
8:15 a.m.-4:30 p.m.
Monday-Friday, except holidays
Extended hours
March 31-April 14
8:15 a.m.-6:00 p.m.
Monday-Friday

April 3 and 10 9 a.m.-1:00 p.m April 15 8:15 a.m.-8:00 p.m.

#### **Penn Branch**

3220 Pennsylvania Av SE 8:15 a.m.–4:30 p.m. Monday–Friday, except holidays

#### Internet service

#### www.cfo.dc.gov

Website of the Office of the Chief Financial Officer Download current and prior year tax forms, find taxpayer information, DC news and financial reports

#### Tax forms pick-up locations

#### **MLK Memorial Library**

901 G St NW, lobby Sunday, 1:00–5:00 p.m. Monday–Thursday 10:00 a.m.–9:00 p.m. Friday, Saturday 10:00 a.m.–5:30 p.m.

#### **Municipal Center**

300 Indiana Av NW, lobby 6:30 a.m.–8:00 p.m.

#### Office of Tax and Revenue

941 North Capitol St NE, 1st floor 8:15 a.m.-4:45 p.m.

#### **One Judiciary Square**

441 4<sup>th</sup> St NW, lobby 7:00 a.m.-7:00 p.m.

#### **Penn Branch**

3220 Pennsylvania Av SE 8:15 a.m.-4:30 p.m.

#### **Recorder of Deeds Building**

515 D St NW, lobby 8:30 a.m.-4:30 p.m.

#### **Reeves Center**

2000 14th St NW, lobby 7:00 a.m.–7:00 p.m.

#### **Wilson Building**

1350 Pennsylvania Av NW, lobby 8:00 a.m. -5:00 p.m.

# Tax preparation assistance and seminars

# Saturday Income Tax Preparation Days

Free DC individual income tax return preparation services 941 North Capitol St NE, 1st floor April 3 and April 10 9:00 a.m.-1:00 p.m.

#### **Tax Practitioner's Institute**

2004 Tax Filing Season Seminar 941 North Capitol St NE, 4<sup>th</sup> floor January 7 and 8 8:30 a.m.-4:00 p.m.

#### Who must file a Form D-30?

Generally, an unincorporated business, with gross income *over* \$12,000, must file a D-30 (whether or not it has net income). This includes any business carrying on or engaging in any trade, business, or commercial activity in DC or receiving income from DC sources.

- To determine if you need to file, please note that gross income includes revenue from all DC sources before deducting the cost of goods sold, expenses and other deductions allowed when calculating net income.
- Carrying on or engaging in a trade or business in DC is determined by the nature and extent of the unincorporated business' activities in DC conducted by its owners, members, or through employees, agents or other representatives.

An unincorporated business with gross income of \$12,000 or less must file a D-30 return for information purposes. Complete the entity portion and fill in the "Gross income of \$12,000 or less" oval. Other business activities with gross income \$12,000 or less and operated as:

- a partnership, must file a Form D-65;
- a DC resident sole proprietor, must file a Form D-40; or
- a DC resident trust, must file a Form D-41

Please sign the return.

An unincorporated business with gross income in DC of over \$12,000 from any of the activities shown below, must file an unincorporated business franchise tax return.

- rental of real or tangible personal property; or
- leasing of real or tangible personal property; or
- any other similar arrangement.

#### **Multiple businesses**

If an individual or group of individuals carries on two or more distinct unincorporated businesses in DC (none of which are exempt), they must be reported on one return. Include all income and expenses on that one return; however, you may submit separate computations to show the net income or loss of each business.

## When do you not have to file Form D-30?

You do not have to file if:

- You are an organization recognized as exempt from DC taxes.
  - In order to maintain your DC tax-exempt status, each year you must send a copy of your IRS Form 990, 990PF, or 990EZ to: Office of Tax and Revenue, PO Box 556, Washington DC 20044-0556.
  - Any unrelated business income, as defined in IRC §512, is subject to the corporate franchise tax and a Form D-20 must be filed.
- The trade or business is by law, custom or ethics, unable to incorporate.
- It is a trade or business licensed by DC to a blind person, for operating a stand in a federal building.
- You are a professional corporation, incorporated under the DC Professional Corporation Act and therefore, you must file a Form D-20.
- It is a trade, business or professional organization where:
  - 80 percent of its gross income comes from personal services actually rendered by owners or members of the business and
  - capital is not a material income-producing factor.

**NOTE:** If an individual or group of individuals is engaged in two or more separate and distinct businesses during the tax year, each business is considered separate when determining tax-exempt status.

# When and where should you file your Form D-30?

File your return and pay any tax due by April 15th if you are a calendar year filer; and by the fifteenth day of the fourth month after your tax year closes, if you are a fiscal year filer. If the due date falls on a Saturday, Sunday, or legal holiday, the return is due the next business day.

Mail the return and payment to: Office of Tax and Revenue, PO Box 610, Washington DC 20044-0610. Make the check or money order payable to the DC Treasurer. Write your FEIN or SSN, D-30 and the tax year on the payment.

#### **Extension of time to file**

You may request an extension of time to file by filing DC Form FR-128 (copy included) by the return due date. You must pay any tax liability with the extension request; otherwise, the request will be denied. Do not use the federal extension form to make this request.

### How can you avoid penalties and interest?

#### To avoid penalties and interest, file your return on time

OTR will charge a 5 percent per-month penalty for failure to file a return or pay any tax due on time. The penalty is calculated on the unpaid tax for each month or part of a month that the return is not filed or the tax is not paid. The maximum penalty is an additional amount equal to 25 percent of the tax due.

You will be charged interest of 10 percent per year, compounded daily, on any tax and any additional tax you owe that is not paid on time. Interest is calculated from the due date of the return to the date when the tax is paid. Interest on any underpayment of tax will accrue even if you have an extension to file your return.

#### **Underpayment penalties**

In addition to penalties for filing late, there are penalties for *underpayment* due to *negligence*, substantial *understatement* of franchise tax liability and substantial valuation *misstatement*.

- Negligence means failure to make a reasonable attempt to comply with tax provisions or failure to exercise ordinary and reasonable care in return preparation without intent to defraud.
- A substantial understatement of franchise tax liability occurs
  when the understatement is more than the greater of 10 percent
  of the tax required on the return for the tax year or \$4,000.
   The penalty is 20 percent of the portion due to negligence or a
  substantial understatement.
- There are two types of valuation misstatements. A valuation misstatement is substantial if the correct valuation differs by 200 percent or more from the amount shown on the return. This penalty is an additional amount equal to 20 percent of the underpayment.
- A valuation misstatement is gross if the correct valuation differs by 400 percent or more from the amount on the return. This penalty is an additional amount equal to 40 percent of the underpayment due to the misstatement.

#### Paid tax preparer penalty

OTR imposes a penalty when tax liability is understated. Penalties are assessed if a paid tax preparer: prepares a return or refund claim based on an unrealistic position; should have known the applicable law or regulation; does not adequately disclose relevant facts for the position; willfully attempts to understate tax liability; or fails to sign a return or refund claim. Penalties range from \$50 to \$1,000 for each return or refund claim.

#### **Charge for Dishonored Checks**

You will be charged \$65 if your check is returned to us.

#### Fraud penalty

If OTR finds that part of an underpayment is due to fraud, it will presume the entire underpayment is due to fraud. You have the burden of proof to show that it is not due to fraud. If any part of an underpayment of tax is due to fraud, OTR will add a 75 percent penalty to your tax liability.

#### Underpayment of estimated tax

OTR will charge 10 percent per year, compounded daily on underpayments of estimated franchise tax installment payments. The charge is computed from the installment payment due date to the date when the payment is made. It is in addition to the penalty imposed for false statements. This charge will be assessed automatically by OTR's integrated tax system.

# What other DC forms may you need to file?

#### **Qualified high technology companies (QHTC)**

If you are a QHTC, you may be eligible for an additional credit for costs to retrain qualified disadvantaged employees. You need to file the supporting forms to be eligible for these credits. For forms and more details, see the pamphlet FR-399 Qualified High Technology Companies on our website at www.cfo.dc.gov. If you are a QHTC, fill in the QHTC oval on page 1 of the Form D-30.

#### **Definition of terms**

#### **Business income**

Income arising from transactions and activities in the regular course of the taxpayer's trade or business is business income. This includes income from tangible and intangible property if the acquisition, management and disposition of the property are part of the taxpayer's regular trade or business operations. Income of any type — manufacturing income, compensation for services, sales income, interest, dividends, rents, royalties, gains, operating and non-operating income from any class or from any source — is business income if it arises from transactions and activities occurring in the regular course of a trade or business. Whether income is business or non-business depends on the underlying transactions and activities — the elements of a particular trade or business. In general, all transactions and activities that depend on or contribute to the operation of your economic enterprise as a whole constitute your trade or business. Transactions and activities are those arising in the regular course of business and constituting integral parts of the trade or business.

#### **Commercial domicile**

The principal place from which you direct or manage your trade or business.

#### Compensation

Wages, salaries, commissions and other forms of remuneration paid or accrued to employees for personal services.

#### **Non-business income**

All income except business income.

#### Transportation company

Any business engaged in transporting persons, goods, or property of others for hire.

#### Sales

All gross receipts, including dividends, interest and royalties, considered to be business income which are not required to be allocated.

#### Taxable in another state

For purposes of allocation of non-business income and apportionment of business income, you must be subject to a net income tax, a franchise tax measured by net income, a franchise tax for the privilege of doing business or a corporate stock tax in that other state.

## **General Instructions**

#### **IMPORTANT**

#### **Special rules on depreciation**

You may not claim bonus depreciation or additional expenses allowed in IRC § 179 for DC tax purposes. For federal tax purposes, businesses are eligible to deduct additional bonus depreciation and 179 expenses. OTR does not allow additional depreciation or additional expenses for IRC § 179.

#### Office of Tax and Revenue rulings

On July 1, 2002, the Office of Tax and Revenue (OTR) announced that it was reviewing rulings related to certain taxes. These included: income tax; franchise tax; personal property tax; sales tax; gross receipts tax; and employee withholding tax. The review did not include: excise tax, real property or tax-exempt status.

From July 1, 2002 through December 31, 2002, OTR reviewed letter rulings and any OTR ruling submitted by taxpayers who received the ruling and intended to use it for tax years beginning after December 31, 2002. Generally, rulings not submitted to OTR were revoked as of December 2002. Direct any questions by phone or e-mail to OTR, General Counsel, 202-442-6500, or OTRRuling@dc.gov.

#### QHTCs filing the D-30

If you are a certified QHTC please complete Lines 1-36 of the D-30. Do not show a tax on Line 37, leave it blank.

#### Amended returns

You must use the Form D-30 of the year you are amending. If the return is for 2001 or later, fill in the Amended Return oval and complete the Tax Year Ending box. Attach a detailed statement of adjustment(s). Note: Form D-2030X is obsolete for tax years after 2000.

If the IRS adjusts your federal return or if you file an amended federal return, you must file a separate amended DC return within 90 days. If the federal adjustment results in a DC tax refund, you

must file within 180 days to claim the refund. It must be refunded. You may not use it as a credit carryover to the next year.

Mail the amended return and attachments to the Office of Tax and Revenue, PO Box 610, Washington DC 20044-0610.

#### **Refund offset**

If you have other DC tax liabilities, we may apply all or part of any overpayment to them.

#### Franchise tax rate and minimum tax

The tax rate is 9.975 percent and is applied to your "total taxable income" from Line 36 of Form D-30. The minimum tax is \$100.

#### Incomplete forms will delay processing

Complete all items on the Form D-30. Otherwise, OTR will send the return back to you to complete the missing information.

#### Taxable year beginning and ending

Enter your taxable year beginning and ending dates in the areas provided on page 1. It can be either a calendar year or a fiscal year. If this is your final return, also fill in the appropriate oval on page 1.

#### **NAICS Business Activity Codes**

Please provide this on page 1 of the return. The codes are in FR-500, Combined Business Tax Registration Application. You may also find them on our website www.cfo.dc.gov.

#### All entries on the return and attachments are dollars only

Enter only whole dollar amounts on the tax forms and schedules. Do not enter cents.

#### Help us identify all of your forms and attachments

Write your FEIN/SSN, tax period, business name and address on all statements submitted with your return. The identification number is used for tax administration purposes only.

#### Signature and verification

An authorized officer of the unincorporated business must sign the return. A receiver, trustee, or assignee must sign any return that he/she is required to file for the business. Any person who prepared the return for compensation must also sign the return and provide the requested identification number. If a firm or corporation prepares a return, it should be signed in the name of the entity. The signature requirement does not apply when a taxpayer's regular employee prepares the return.

#### **Forms**

An easy and fast way to get forms is by downloading them from our website. Go to www.cfo.dc.gov, then click on Taxpayer Service Center, then click on Tax Forms and Publications.

#### **Tax fraud hotline**

Anyone suspecting tax fraud is encouraged to report such activity to the Tax Fraud Hotline at 1 800-380-3495 or by e-mail at <a href="mailto:TaxFraudHotline@dc.gov">TaxFraudHotline@dc.gov</a>.

## **Specific Instructions**

#### **Negative amounts**

If you enter a negative amount on a line, fill in the oval to the left of the entry blocks.

#### **Allocation and apportionment required**

Any unincorporated business carrying on a trade or business in DC and the other jurisdictions must apportion its business income between DC and the other jurisdictions. Apportion the net income from trade or business activities using the appropriate apportionment formula. See Schedule F of the D-30. You must allocate your non-business income to the jurisdiction of the business' domicile.

#### Non-business income allocation

#### Non-business income

Allocate items of non-business income to DC. The following gains and losses from sales or other dispositions are allocated to DC:

- real property located in DC (other than realty used in the trade or business whether held for sale or otherwise);
- tangible personal property (other than any tangible personal property used in the trade or business whether held for sale or otherwise) if:
  - the property had a situs in DC at the time of sale; or
  - your principal place of business is in DC and you are not taxable in the situs state.
- intangible personal property (other than intangible personal property of any kind used in the trade or business whether held for sale or otherwise) are allocable to DC if the taxpayer's principal place of business is in DC.

Allocate net rents and royalties from real property located in DC to DC

Allocate non-business interest and dividends derived from sources in DC to DC unless specifically excluded from taxation and subject to apportionment as business income.

Allocate to DC, non-business income from rents and royalties from patents, copyrights, trademarks, service marks, secret processes and formulas, franchises and other like property (if not used in the trade or business). These royalties are allocated according to the patent's location or place of use, or where the copyrighted material is published or used. If DC is the principal place of business of a business entity, not subject to tax anywhere else, then the rent or royalty income is allocable to DC.

Income from the sale of tangible personal property to the United States Government by a business that has its principal place of business outside DC is income from DC sources if the property is delivered from outside DC for use in DC.

All other non-business income derived from sources in DC is allocable to DC.

Where income is allocable between DC and other jurisdictions, you must allocate all expenses, losses and other deductions incurred in the production of the income in the same way. Losses incurred in the production of non-business income are allowable if the transaction's profits would be taxable.

#### **Gross Income**

D-30, page 1, line-by-line

Line 1 Gross receipts, minus returns and allowances

Enter the total gross receipts from sales and operations, minus returns and allowances.

#### Line 2 Cost of goods sold and/or operations

Enter the figure from Schedule A, Line 8. If the production, manufacture, purchase, or sale of merchandise is an incomedetermining factor in the trade or business, you must inventory merchandise at the start and end of the tax year. You may value them at your cost or at the lower of cost or market, or by another IRS-approved method. You must continue to use the inventory method you choose until you get permission from OTR to change. If the inventories do not agree with the balance sheet figures, attach a statement explaining the reason for any difference.

**Cost of Operations** (where inventories are not an incomedetermining factor): If the amount entered on Line 2, page1, includes an amount applicable to the cost of operations, attach a statement showing: (1) salaries and wages; and ((2) other costs in detail.

#### Line 3 Gross profit

Line 1 minus Line 2. Enter the result here.

#### **Line 4 Dividends**

Enter the total of all taxable dividends. You may deduct Subpart F income (as defined in IRC §952). Attach a detailed statement showing the calculation of the taxable amount.

#### Line 5. Interest

Enter all interest which the business received or is credited with during the tax year, including interest paid on obligations of a State, Territory of the United States, or any of their political subdivisions, except those of DC. Include expenses connected with the purchase or production of income from U.S. Treasury securities on Line 29(b). (Attach a detailed statement.)

Exclude interest income on obligations or securities issued by the United States or its instrumentalities if it was included in federal gross income.

#### Line 6 Gross rental income

Enter here the gross amount you received from real or personal property rental from Line 7, Column 3, of Schedule D, Form D-30. Do not enter rental income on Line 26(a) that is related to a trade or business.

**Note:** DC does not allow the additional federal bonus depreciation allowed under federal law. If you claimed this depreciation on your federal return, reduce the depreciation you claim here by that amount. Attach a computation showing that your DC claimed depreciation does not include the 30 percent bonus depreciation and that the basis of the depreciated property for DC tax purposes has not been reduced by the bonus depreciation amount claimed. DC also does not allow additional Section 179 expenses. If you claimed these expenses on your federal return, reduce your expenses on your D-30 by that amount.

#### **Line 7 Royalties**

Report royalty income and related expenses in the same manner as rental income and rental expenses. Royalties from patents you developed from the licensing of processes or a trade name and sales of know-how are business income.

#### Line 8(a) Net Capital Gain (Loss)

Capital gains or losses are treated in the same manner as they are for federal corporation income tax purposes. (See detailed instructions on Federal Schedule D, Form 1120, Corporation Income Tax Return.) IRC §1231 gains are business income.

**Note:** Since the 30 percent federal bonus depreciation is not allowed for DC tax purposes, recalculate the capital gain/loss reported on your federal return without taking into account the federal 30 percent amount. Attach a statement showing the adjustments.

Line 8(b) Ordinary gain (loss) from Part II, Federal Form 4797

Enter the total ordinary gain (or loss) from federal Form 4797 Sales of Business Property. Attach a copy of your Form 4797.

#### **Line 9 Other Income**

Enter the total income not reported elsewhere on the return; attach a detailed statement. Do not enter on Line 26(a) other income related to a trade or business. Enter it on line 9.

#### Line 10 Total gross income

Add lines 3 through 9.

#### **Deductions**

Deductions are allowed if they are ordinary and necessary and directly related to business income as defined in these instructions. Deductions must not be taken on this return for interest, taxes, contributions and other itemized deductions normally deductible on individual income tax returns filed by owners or members of the unincorporated business.

#### Line 11 Salaries and wages

Enter all salaries and wages not deducted elsewhere on the return.

- Do not include compensation of the owners/members of the unincorporated business.
- Do not include wages used to compute the Economic Development Zone Incentives credit.

#### **Line 12 Repairs**

Enter the cost of incidental repairs, including labor, supplies and other items that do not add to the value or appreciably prolong the property's life. You may charge to a capital account, expenditures for new buildings, machinery, equipment and/or permanent improvements or betterments that increase the value or appreciably prolong the life of the property.

#### Line 13 Bad debts

Report bad debts in the same manner as you report them for federal tax purposes. Attach a copy of the information you submitted with your federal return.

**Line 14 Rental expenses related to rental income** *from Schedule D, Column 6, Line 8, Form D-30.* Do not include the additional federal depreciation. Do not deduct elsewhere in this return expenses related to rental income.

#### Line 15 Rent

Enter the amount of rent paid or accrued for business property in which the unincorporated business has no equity.

#### **Line 16 Taxes**

Enter taxes imposed on taxpayers as reported in Schedule C of Form D-30. Do not deduct these taxes:

- Income and excess profit taxes.
- Franchise taxes imposed by the unincorporated business tax law, or
- Taxes assessed against the property for local benefits of a kind tending to increase the value of the property assessed.

#### **Line 17 Interest expense**

Enter interest paid or accrued on business debt. If any interest income is not subject to the unincorporated business tax, then the related interest expense is not deductible.

#### **Line 18 Contributions or gifts**

Enter from Schedule B, page 3 of Form D-30, contributions or gifts made to qualified organizations in the tax year. This deduction may not exceed 15 percent of the net income, (Line 26), of the business before the contribution or gifts are deducted. Attach a separate statement detailing information about contributions and gifts. Contribution carry-overs are *not* allowed.

#### **Line 19 Amortization**

Enter the amortization amount from your federal Form 4562 Depreciation and Amortization. Attach a copy of your Form 4562 to your return.

#### **Line 20 Depreciation**

Enter the depreciation amount from your federal Form 4562. Do not include amounts deducted on Line 14 or elsewhere on the return. You must use on your DC return the same depreciation method used on your federal return. Attach a copy of your Form 4562.

**Note:** If you claimed the bonus depreciation or additional Section 179 expenses on your federal return, reduce the depreciation you claim here by that amount. Attach a computation showing the reduction.

#### Line 21 Other allowable deductions

Enter the amount from Schedule G, page 4 of the Form D-30.

#### **Line 22 Total deductions**

Add lines 11-21 and enter here.

#### D-30 page 2, line-by-line

#### **Line 23 Net Income**

Subtract Line 22 from Line 10; enter the amount here.

#### Line 24 Net operating loss deduction

Enter any DC net operating loss carried forward from a year before 2000. DC does not allow a net operating loss carryback.

#### Line 25 Net income after net operating loss deduction

Enter the combined amounts from Lines 23 and 24. Also enter this amount on Line 31, if it is entirely from a DC trade or business.

#### Line 26(a), (b) and (c)

Enter income, related expenses and the net difference on the appropriate lines. Submit a detailed explanation of the income and expenses.

Enter on Line 26(b) the portion of deductions related to the income allocated within or outside DC. Please note that expenses connected with the production of income from U.S. Treasury securities are includible in Line 26(b).

# Line 27 Net income from trade or business subject to apportionment

Subtract Line 26(c) from Line 25. Enter the amount on Line 27.

#### Line 28 DC apportionment factor

Enter the factor computed on Schedule F, Line 5.

#### Line 29 Net income from trade or business apportioned to DC

Multiply the amount on Line 27 by the apportionment factor on Line 28. Enter the result here.

Line 30 Add the portion of Line 26(c) attributable to DC.

#### Line 31 Total District net income (loss)

Add Lines 29 and 30. Enter the result here.

#### Line 32 Minus: Salary for owner(s)/member(s) services

See Schedule J, column 4 on page 5. You may deduct a reasonable amount for salaries or other compensation for personal services actually rendered by the owner(s) or member(s) of the business in the active conduct of the business.

- The reasonable amount for owner(s) and members(s) is reduced by any fees paid to an independent management or collection entity for management services performed for the business.
- Do not claim an amount accrued to an owner(s) or member(s) as a drawing account unless it is for services actually rendered.
- The aggregate deduction for salaries or other compensation may not exceed 30 percent of Line 31.

#### **Line 33 Exemption**

An exemption of up to \$5000 is allowed.

- Enter the number of days this return covers in the boxes on Line 33. If it is a full year enter 365 days.
- If the return is for less than a full year, prorate the exemption by dividing the number of days entered by 365 to arrive at a percent. Then multiply \$5000 by that percent. Include a statement showing your calculation of the exemption amount. Also enter this amount in Schedule J, column 5.

#### Line 34 Total taxable income

(before the apportioned NOL deduction) Subtract Lines 32 and 33 from line 31. Enter the result on Line 34.

#### **Line 35 Apportioned NOL deduction**

Enter the amount of DC apportioned net operating loss carry forward for loss years 2000 and later on Line 35.

#### Line 36 Total taxable income

Enter the result of Line 34 minus Line 35.

#### Line 37 TAX

Calculate the tax by multiplying any positive amount on Line 36 by .09975. Enter the result on Line 37.

**Minimum Tax** – If your business has gross income of *more than* \$12,000 (Line 10) and Line 36 shows taxable income of less than \$1003, your minimum tax is \$100. Enter this amount on Line 37.

If your business has gross income of \$12,000 or less (*Line 10*) and you are only filing to satisfy the information requirement — the minimum tax does not apply. Complete only the personal information section of the D-30 and leave the rest of the form blank, including Line 37.

#### **NOTE to QHTC Filers:**

If you are a QHTC, your D-30 return is exempt from the franchise tax. The minimum tax does not apply. Complete Lines 1 through 36 and leave Line 37 blank. Attach a copy of your QHTC-CERT to your return and fill in the QHTC oval on page 1.

#### Line 38 Minus payments and credits

Enter amounts paid or credits from:

- your request for an extension of time to file (or your original return if you are filing an amended return),
- estimated tax payments (Form D-30ES), also include any carryover from your 2002 D-30 return, or an Economic Development Zone Incentives credit from the worksheet on page 12.

#### Line 39 Total of Lines 38(a), (b) and (c)

Add Lines 38(a), (b) and (c) and enter result here.

#### Lines 40 to 44(b)

Follow the instructions on the form.

### Form D-30 schedules

#### Schedule F - DC Apportionment Factor

An unincorporated business engaging in a trade or business both in and outside DC must use property, payroll and sales as the three factor formula to apportion its business income.

Unincorporated businesses domiciled in DC and not subject to tax elsewhere must report 100 percent of their net business income and allocate 100% of their non-business income to DC.

Unincorporated businesses carrying on a trade or business in DC and in other jurisdictions must apportion trade or business income to DC. Multiply the total income by a fraction. The numerator is the property factor plus the payroll factor plus the sales factor. The denominator is three, reduced by the number of any factors with no denominator.

#### Property Factor

The property factor is a fraction; the numerator is the average value of real and tangible personal property you owned or rented and used in DC during the tax year. The denominator is the average value of all real and tangible personal property you owned or rented during the tax year. Do not include in the numerator or the denominator, any property or portion of property, not used to produce business income.

Transportation companies. The numerator also includes the portion of the average value of vehicles, rolling stock, aircraft, watercraft and other equipment used during the taxable period to transport persons and property both in and outside DC. This portion is determined by comparing the total miles per unit of equipment traveled in DC compared to the total mileage traveled everywhere by each class of property.

Railroad companies – the classes of property are those you must report for DC personal property tax purposes (DC Code §47-1512).

Where property is used in any activity the income from which is allocable or apportionable, you may use (or OTR may require) any method that properly reflects the portion of the average value used to arrive at the property factor. This is subject to the approval of OTR.

Property you own is valued at its original cost to you plus the cost of any additions and improvements. If you cannot determine your original cost or if the cost is zero, value the property at its market value when you acquired it. Property

rented to you is valued at eight times the net annual rental. (The annual rental you paid is decreased by any annual rental you receive from sub-rentals, provided the rental and subrental rates are reasonable.) Include in the annual rental, amounts paid or accrued for the use or rental of property or facilities of another. This net annual rate includes amounts whether paid as rent, as reasonable compensation for use or under any other designation, pursuant to statutory enactment, lease, or rental agreement of any kind, contract, or otherwise. Do not include payments for leased property capitalized for federal tax purposes as rent. You may only include these payments in this factor to the extent of their capitalized value for federal tax purposes. If OTR determines that any net annual rental rate or sub-rental rate is unreasonable, or if a nominal or zero rate is charged, OTR may determine and apply a rental rate that reasonably reflects the property's rental value.

To determine the property's average value, average the values at the start and end of the tax period. You may, if necessary, use monthly or quarterly values during the tax period, to properly reflect the average value of the property (subject to OTR approval).

#### Payroll Factor

The payroll factor is a fraction; the numerator is the total compensation you paid to or accrued for persons performing services for you in DC during the tax year. The denominator is the total compensation you paid or accrued everywhere during the tax year. However, do not include in the numerator or denominator, any compensation paid or accrued to employees for personal services rendered in the production of non-business income. Compensation paid or accrued other than in cash, is valued at its fair market value on the date of payment or accrual. Do not include payments to independent contractors in this factor.

**Transportation companies** — the numerator of the payroll factor in addition to that described above, also includes that portion of the total compensation paid or accrued to employees employed on vehicles, rolling stock, aircraft, all watercraft, and other equipment you used during the taxable period to transport persons and property between DC and other jurisdictions. To determine this factor, apply the percentage computed (as in the property factor above) to the total compensation.

If you pay or accrue compensation for services, which generate income that can be allocated or apportioned, you may use any method that will properly reflect the average value used to calculate the payroll factor. The method you choose is subject to OTR approval.

Compensation is paid or accrued in DC if:

- the individual's services are performed entirely in DC; or
- the individual's services are performed in DC and other jurisdictions, but the services performed outside DC are incidental to the individual's services performed in DC; or
- some of the individual's services are performed in DC and:
  - (1) the base of operations or if there is no base of operations, the place from which services are directed or controlled is in DC; or
  - (2) the base of operations or place from which services are directed or controlled is not in DC, or in any state where some part of the services are performed, but the individual's residence is in DC.

#### Sales Factor

The sales factor, except for transportation companies, is a fraction; the numerator is the taxpayer's total sales in DC during the tax year. The denominator is the taxpayer's total sales everywhere during the tax year.

**Transportation companies** — the sales factor is a fraction; the numerator is the total of revenue units the company first received as originating or connecting traffic at a point in DC. Add to this the total of revenue units the company discharged or unloaded at a point in DC, at the termination of the transportation movement or for transfer to a connecting carrier. The denominator is twice the total of revenue units originated everywhere during the tax year. One ton of freight equals one revenue unit; ten passengers equal one revenue unit. If the company's revenue is predominantly from transportation of passengers, you may use the number of passengers loaded and discharged, in place of originating and terminating tonnage.

Tangible personal property sales, including sales to the United States Government, are considered to occur in DC, no matter where title is transferred, FOB point, or other sales conditions, if the property:

- is delivered or shipped to a purchaser in DC; or
- has an ultimate destination in DC, after all transportation (including any by the purchaser) is complete; or
- is delivered or shipped from an office, store, warehouse, factory, or other storage place in DC to a destination outside DC and you are not taxable in the state to which the property is shipped or delivered.

Except for transportation companies — non-tangible personal property sales are considered to occur in DC if the income-producing activity or service is performed:

- in DC; or
- the proportion of the income-producing activity or service performed in DC is greater than that performed in any other jurisdiction, based on performance cost.

Schedule H – Income not reported (claimed as nontaxable) – (page 4 of Form D-30)

List all income of the unincorporated business that you consider not subject to the unincorporated business franchise tax. State why the income should be considered nontaxable.

#### **Schedule I – Balance sheets** (page 4 of Form D-30)

Submit balance sheets for the start and end of the tax year. Conform them to the unincorporated business' books and records and your federal return. Attach an explanation of any variation.

#### **Supplemental information** (page 5 of Form D-30)

Please provide all the information requested in this schedule.

# Schedule J Distribution and Reconciliation of Net Income (or Loss) (Page 5 of Form D-30)

Furnish all information requested. Under provisions of DC Code §47-1805.01(a), you must enter the SSN of each of the owners. The SSN is necessary for the proper identification of an owner's tax account with DC and will be used only for tax administration purposes. Any additional names, SSNs, etc. may be listed on an attachment filed with the return.

#### **General**

If using the income allocation and apportionment rules results in a tax that does not fairly represent your tax liability arising from your

#### **Economic Development Zone Incentives Credit**

**Supporting Documentation Required** If you are claiming an Economic Development Zone Incentives (EDZI) credit against your DC franchise tax liability, you MUST attach to your return:

- a copy of the DC Council resolution approving the qualification for any credits claimed;
- a certification of eligible employees issued by the DC Department of Employment Services; and
- 3. a completed EDZI Credit Worksheet.

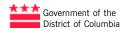
The EDZI Amendment Act allows a qualified business, under certain circumstances to take various credits against its franchise tax liability. (The maximum annual credit is \$7500.) A qualified business is one that is approved as being qualified under Section 5 of EDZI by the D.C. Office of Economic Development. You MUST complete the worksheet below and include the necessary attachments with your return. The following credits are available under EDZI to qualified businesses:

1. a credit against the franchise tax in an amount equal to 50

- percent of the wages of all certified employees who meet the requirements of Section 10(b) of EDZI;
- a credit against the business' franchise tax in an amount equal to 50 percent of the insurance premiums attributable to all employees for whom it obtains employer liability insurance under the District of Columbia Worker's Compensation Act of 1979; and
- a rent credit for lessors against the business' franchise tax.
   The credit allowed is the difference between the rental market value of the space leased to a licensed non-profit child care center and the actual rent stated in the lease agreement as indicated in the DC Council resolution approving the qualification of the business. A non-profit child care center is a child development center as defined in Section 10 of EDZI.

A credit carry forward for five years is available for any EDZI credit not used in a previous year. The maximum amount that may be claimed in any year is \$7500, including any carry forward.

| Economic Development Zone Incentives Credit Worksheet (maximum annual credit is \$7,500) |   |    |                    |                |          |  |  |  |  |  |
|--|---|----|--------------------|----------------|----------|--|--|--|--|--|
| Column 1 - Credit Category   | Column 2  |    | С                  | olumn 3        | Column 4 |  |  |  |  |  |
| A. Certified employees wages   | Total<br>Wages \$   |    | 50% of<br>Wages    | Col. 2 x .50 = | \$       |  |  |  |  |  |
| B. Certified (eligible employees) workers' compensation liability insurance premiums     | Total<br>Premiums \$  |    | 50% of<br>Premiums | Col. 2 x .50 = | \$       |  |  |  |  |  |
| C. Child care center rent (lessor)   | Rental market value  Minus rent shown on lease agreement Total child care center credit | \$ |                    |                |          |  |  |  |  |  |
|  | Total of Column 4 (if more than \$  | \$ |                    |                |          |  |  |  |  |  |
|  | Add any EDZI credit carry forwar  | \$ |                    |                |          |  |  |  |  |  |
|  | Total EDZI credit (enter on Line 38   | \$ |                    |                |          |  |  |  |  |  |



# 2003 D-30 Unincorporated Business Franchise Tax Return



|               |       |   | 0        | 3     | 0 3 0 0 1                 | 1 0 0 0 0                           |
|---------------|-------|---|----------|-------|---------------------------|-------------------------------------|
| Тахр          | ayer  | Identification Number Fill in if FEIN NAICS CODE  |          |       |                           |                                     |
| USE           |       | Fill in if SSN  |          |       |                           |                                     |
| Busir         | ess r | name  |          |       | Taxable year beginning MN | M/YY Taxable year ending MM/YY      |
|               |       |   |          |       |                           |                                     |
| Busin         | ess a | ddress line #1 Fill in if this is your first return or if your address is different fi  | rom last | year' | s return.                 | if Amended Return                   |
| Dunin         |       | dans line 42  |          |       | Fill in                   | if Certified QHTC                   |
| Busin         | ess a | ddress line #2  |          |       | Fill in                   | if Gross Income is \$12,000 or less |
| City          |       |   | State    |       | Fill in Zip Code          | if Final Return                     |
|               |       |   |          |       |                           |                                     |
| Mailir        | ng ad | dress line #1   |          |       |                           |                                     |
|               |       |   |          |       | NUM                       | BER OF BUSINESS LOCATIONS           |
| Mailir        | ng ad | dress line #2   |          |       | In DC                     |                                     |
|               |       |   |          |       | Outsid                    | de DC                               |
| City          |       |   | State    |       | Zip Code                  |                                     |
|               |       |   |          |       |                           |                                     |
|               |       | READ INSTRUCTIONS BEFORE PREPARING RETURN•  |          |       | Daying souts to the       | ha maayaak dallay                   |
|               | -     | Line 10, total gross income is \$12,000 or less, do not fill in beyond Line 10, leave Line 37 ank. Sign, date and file your return. |          |       | Round cents to the        |                                     |
|               | 1     | Gross receipts, minus returns and allowances  | 1        |       |                           | .00                                 |
|               | 2     | Cost of goods sold (from Schedule A) and/or operations Attach statement.  | 2        |       |                           | .00                                 |
| ш             | 3     | Gross profit Line 1 minus Line 2. Fill in if minus:   | 3        |       |                           | .00                                 |
| N             | 4     | Dividends Minus Subpart F income (Attach statement).  | 4        |       |                           | .00                                 |
| ROSS INCOME   | 5     | Interest Attach statement.  | 5        |       |                           | .00                                 |
| SS            | 6     | Gross rental income From D-30 Schedule D. Fill in if minus:   | 6        |       |                           | .00                                 |
| 305           | 7     | Royalties Attach statement.   | 7        |       |                           | .00                                 |
| 9             | 8     | (a) Net capital gain (loss) Attach copy of federal Schedule D. Fill in if minus:  | 8a       |       |                           | .00                                 |
|               |       | <b>(b) Ordinary gain (loss) from Part II, federal Form 4797</b> Fill in if minus: Attach copy of your Form 4797.                    | 8b       |       |                           | .00                                 |
|               | 9     | Other income Attach statement. Fill in if minus:  | 9        |       |                           | .00                                 |
|               | 10    | Total gross income Add Lines 3–9. Fill in if minus:   | 10       |       |                           | .00                                 |
|               | 11    | Salaries and wages (Do not include owner(s)/member(s)).   | 11       |       |                           | .00                                 |
|               | 12    | ? Repairs   | 12       |       |                           | .00                                 |
|               | 13    | Bad debts Attach copy of any statement filed with federal return.   | 13       |       |                           | .00                                 |
| S             | 14    | Rental expenses related to rental income  Do not take federal bonus depreciation or extra Section 179 expenses.                     | 14       |       |                           | .00                                 |
| Š             |       | ion of extra Section 179 expenses.  | 15       |       |                           | .00                                 |
| Ę             | 16    | Taxes From D-30 Schedule C.   | 16       |       |                           | .00                                 |
| $\frac{1}{2}$ | 17    | Interest expense From D-30 Schedule E.  | 17       |       |                           | .00                                 |
| DEDUCTION     | 18    | Contributions or gifts From D-30 Schedule B.  | 18       |       |                           | .00                                 |
| _             |       |   | 19       |       |                           | .00                                 |
|               |       | Amortization Attach copy of your federal Form 4562, Part VI.  |          |       |                           |                                     |
|               |       | Depreciation Attach copy of your federal Form 4562. Do not include the additional federal bonus depreciation.                       |          |       |                           | .00                                 |
|               | 21    | Other allowable deductions From D-30 Schedule G.  | 21       |       |                           | .00                                 |
|               | 22    | 7 Total deductions Add Lines 11 21  | 22       |       |                           | 00                                  |

FEIN or SSN: ENTER DOLLAR AMOUNTS ONLY .00 23 23 Net income Line 10 minus Line 22. Fill in if minus: .00 24 Net operating loss deduction Years before 2000. .00 Net income after NOL deduction Line 23 minus Line 24. 25 Fill in if minus: .00 26a 26 (a) Non-business income Attach statement. Fill in if minus: .00 (b) Minus: Related expense Attach statement. 26b .00 (c) Subtract Line 26(b) from Line 26(a) Fill in if minus: 26c .00 Net income from trade or business subject to apportionment 27 INCOM Line 25 minus 26(c). Fill in if minus: DC apportionment factor From D-30 Schedule F, Col 3, Line 5. 28 AXABLE .00 Net income from trade or business apportioned to DC 29 Fill in if minus: Multiply Line 27 by Line 28. .00 30 Portion of Line 26(c) attributable to DC Fill in if minus: Attach statement .00 31 Total District net income (loss) 31 Fill in if minus. Combine Line 29 and Line 30. .00 32 Minus: Salary for owner(s) or members services from D-30 Schedule J, Column 4 32 .00 33 33 Exemption Maximum amount \$5000. Enter days in DC here. 1 33a If less than 365, see page 9 for amount to claim. .00 Total taxable income Before apportioned NOL deduction Fill in if minus: 34 Line 31 minus Lines 32 and 33 .00 35 35 Apportioned NOL deduction .00 36 Total taxable income Line 34 minus Line 35. 36 Fill in if minus: 37 .00 37 TAX 9.975% of Line 36. If less than \$100 enter \$100. .00 38a 38 Minus: (a) Tax paid, if any, with request for extension of time to file (or with original return, if this is an amended return) .00 (b) 2003 estimated franchise tax payments 38b .00 (c) Economic development zone incentives credit from worksheet 38c .00 39 39 Add Lines 38(a), (b), and (c) 40 .00 Balance due Line 37 minus Line 39, if Line 37 is greater than Line 39. .00 41 Penalty \$ Total penalty and interest > 41 Interest \$ .00 42 42 Total unpaid balance, plus penalty and interest Add Lines 40 and 41. .00 43 Overpayment Line 39 minus Line 37, if Line 39 is greater than Line 37. 43 .00 44 (a) Credit to 2004 estimated franchise tax 44b .00 (b) Amount to be refunded Line 43 minus Line 44a. 44b

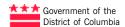
| PLEASE           | Under penalties of law, I declare   | that I have examined this retur | n and, to the best of my k | nowledge, it is correct. Declaration of paid prepare      | r is based on all information available to the preparer.  |
|------------------|-------------------------------------|---------------------------------|----------------------------|---|---|
| SIGN<br>HERE     |                                     |                                 |                            |   |   |
|                  | Officer's signature                 |                                 | Title                      | Date  | Telephone number of person to contact                     |
| PAID<br>PREPARER |                                     |                                 |                            |   |   |
| ONLY             | Preparer's signature (if other than | n taxpayer)                     | Date                       | Firm name   | Firm address  |
|                  | Preparer's FEIN, SSN or PTIN        |                                 |                            | Do you want to allow the pre of Tax and Revenue? If YES f | parer to discuss this return with the Office ill in oval. |

| Schedule A       | - COST OF GOODS SOLD  | (See spe          | cific   | instructions       | for Lin  | e 2.)    |                                |                           |               |                                      |  |
|------------------|---|-------------------|---------|--------------------|----------|----------|--------------------------------|---------------------------|---------------|--------------------------------------|--|
| 1 Inventory at   | beginning of year (if different fro   | m last year's o   | closir  | ng inventory, atta | ach exp  | lanatior | n)                             |                           | \$            |                                      |  |
| 2 Purchases .    |   |                   |         | \$                 |          |          |                                |                           |               |                                      |  |
| Minus cost o     | f items withdrawn for personal us   | se                |         | . \$               |          |          |                                | Enter result here         |               |                                      |  |
| 3 Cost of Labo   |   |                   |         |                    |          |          |                                |                           |               |                                      |  |
|                  | 4 Material and supplies  5 Other costs (attach statement) – (30% federal bonus depreciation is not allowed) |                   |         |                    |          |          |                                |                           |               |                                      |  |
|                  |   | bonus deprecia    | ation   | is not allowed)    |          |          |                                |                           | \$            |                                      |  |
| 6 Total of lines | \$  | \$                |         |                    |          |          |                                |                           |               |                                      |  |
| 7 Inventory at   | ds sold (Line 6 minus Line 7).  | Enter here ar     | nd or   | line 2 nage 1      | of this  | form     |                                |                           | \$            |                                      |  |
| _                | ventory valuation used  | Linter nere ar    | iiu oi  | i Lille 2, page i  | Or tills | 101111   |                                |                           | Ψ             |                                      |  |
| motired or in    | volitory variation accu   |                   |         |                    |          |          |                                |                           |               |                                      |  |
|                  |   |                   |         |                    |          |          |                                |                           |               |                                      |  |
| Schedule B       | - CONTRIBUTIONS OR GIF  |                   | -       | cific instructio   | ns for   | Line '   | 18.)                           |                           |               |                                      |  |
|                  |   | \$                | \$      |                    |          |          |                                |                           | \$            |                                      |  |
|                  |   |                   |         |                    |          |          |                                |                           |               |                                      |  |
|                  |   |                   |         |                    |          |          |                                |                           |               |                                      |  |
|                  |   |                   |         |                    |          |          |                                |                           |               |                                      |  |
|                  |   |                   |         |                    |          |          |                                |                           |               |                                      |  |
|                  |   |                   |         |                    |          |          |                                |                           |               |                                      |  |
|                  |   |                   |         | +.                 | TOTAL    | Cubicat  | to 150/ limit also             | ontor on Line 19, nage 1) | \$            |                                      |  |
|                  |   |                   |         |                    | TOTAL    | Subject  | to 15% iimit – aiso            | enter on Line 18, page 1) | φ             |                                      |  |
|                  |   |                   |         |                    |          |          |                                |                           |               |                                      |  |
| Schodulo C       | - TAXES (See specific in  | etructione f      | forl    | ino 16 )           |          |          |                                |                           |               |                                      |  |
| Scriedule C      |   | istructions i     |         | +                  |          |          |                                |                           | , .           |                                      |  |
|                  | Type of Tax   |                   |         | Amount             |          |          | Type of Ta                     | ix                        | +-            | Amount                               |  |
|                  |   | \$                | •       |                    |          |          |                                |                           | \$            |                                      |  |
|                  |   |                   |         |                    |          |          |                                |                           | 1             |                                      |  |
| -                |   |                   |         |                    |          |          |                                |                           |               |                                      |  |
|                  |   |                   |         |                    |          |          |                                |                           | -             |                                      |  |
|                  |   |                   |         |                    |          |          |                                |                           | 1             |                                      |  |
| -                |   |                   |         |                    |          |          |                                |                           | -             |                                      |  |
| TOTAL (Enter of  | on Line 16, page 1 of this form, th   | at portion of the | he to   | tal not included b | elow in  | Schedu   | ule D)                         |                           | \$            |                                      |  |
| ·                | <u> </u>  |                   |         |                    |          |          |                                |                           |               |                                      |  |
|                  |   |                   |         |                    |          |          |                                |                           |               |                                      |  |
| Schedule D       | - INCOME FROM RENT  |                   |         |                    |          |          |                                |                           |               |                                      |  |
| Scriedule D      | - INCOME LIVOM IVENT  |                   |         |                    |          | T        |                                | I                         | Τ             |                                      |  |
| Col.             | 1 Address of Property   | Col. 2 Kind       |         | Col. 3 Gros        |          |          | 4 Depreciation* Depletion (Per | Col. 5 Repairs            |               | . 6 Taxes, Interest d other Expenses |  |
|                  |   | Property          |         | Amount of R        | ent      |          | eral Form 4562)                | (Explain in Sch. D-1)     |               | (plain in Sch. D-1)                  |  |
| 1.               |   |                   | \$      | 5                  |          | \$       |                                | \$                        | \$            |                                      |  |
| 2.               |   |                   |         |                    |          |          |                                |                           |               |                                      |  |
| 3.               |   |                   |         |                    |          |          |                                |                           |               |                                      |  |
| 4.               |   |                   |         |                    |          |          |                                |                           |               |                                      |  |
| 5.               |   |                   |         |                    |          |          |                                |                           |               |                                      |  |
| 6.               |   |                   |         |                    |          |          |                                | •                         | _             |                                      |  |
|                  | er the total of Col. 3 on Line 6, page 1)   |                   | 1       |                    |          | \$       |                                | \$                        | \$            |                                      |  |
| 8. IOTAL OF      | COLUMNS 4, 5, and 6 (Also ente  | er on Line 14,    | page    | : 1)               |          |          |                                |                           | \$            |                                      |  |
| *excluding tl    | he federally allowed 30% bon  | us depreciat      | tion    |                    |          |          |                                |                           |               |                                      |  |
|                  |   |                   |         |                    |          |          |                                |                           |               |                                      |  |
| Schedule D       | -1 - Explanation of deducti   | ions claime       | ed in   | Columns 5 a        | nd 6 c   | f Sch    | edule D                        |                           |               |                                      |  |
| Column           | Explanation   |                   |         |                    | 1        | umn      |                                | Evalanation               | İ             | Amount                               |  |
| No.              | ∟∧pianation   | Amount            |         |                    | No.      |          |                                | Explanation               | Amount        |                                      |  |
|                  |   |                   | \$      |                    |          |          |                                |                           |               | \$                                   |  |
|                  |   |                   | $\perp$ |                    |          |          |                                |                           |               |                                      |  |
|                  |   |                   |         |                    |          |          |                                |                           |               |                                      |  |
| ·                |   |                   | +       |                    |          |          |                                |                           | $\rightarrow$ |                                      |  |
|                  |   |                   |         |                    | <u> </u> |          | <u> </u>                       |                           |               |                                      |  |

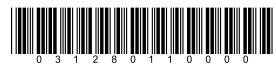
|              | Padule E - Interest expense (See specific instruction   Name and Address of Payee  |          | Amount          | N              | ame a | and Address of Payee                 |          | Amount                              |
|--------------|--|----------|-----------------|----------------|-------|--------------------------------------|----------|-------------------------------------|
|              | Name and Naurees of Cayes  | \$       | · intoditio     |                |       |                                      |          | \$                                  |
|              |  |          |                 |                |       |                                      |          |                                     |
|              |  |          |                 |                |       |                                      |          |                                     |
|              |  |          |                 |                |       |                                      |          |                                     |
| OTAL         | [Enter on Line 17, page 1, that portion of the total not inc   | ludad i  | in Cohodulo D.) |                |       |                                      |          | \$                                  |
|              |  |          | in Schedule D.) |                |       | 2 ",                                 |          | ·                                   |
|              | dule F - DC apportionment factor (See instructions)  | )        | 0.1             | 1 7074/        |       |                                      |          | decimal places                      |
|              | nd all cents to the nearest dollar. If mount is zero, leave the line blank.  |          | Column          | 1 TOTAL        |       | Column 2 in DC                       |          | mn 3 Factor<br>divided by Column 1) |
| tan          | <b>ROPERTY FACTOR:</b> Average value of real estate and<br>agible personal property owned or rented to and used by the<br>incorporated business. |          | \$              | .00            | \$    | .00                                  |          |                                     |
|              | YROLL FACTOR: Total compensation paid or accrued by the incorporated business.   | ne       | \$              | .00            | \$    | .00                                  |          |                                     |
| 3. <b>SA</b> | LES FACTOR: All gross receipts of the unincorporated   |          | \$              | .00            |       | .00                                  |          |                                     |
| ne           | ss other than gross receipts from items of non-business inc  |          | Ψ               | .00            | φ     | .00                                  | •        |                                     |
| ı. Sl        | JM OF FACTORS: (Add Column 3)  |          |                 |                |       |                                      |          |                                     |
|              | C APPORTIONMENT FACTOR: Line 4 divided by the number   |          |                 |                |       |                                      |          |                                     |
| Sche         | dule G - Other allowable deductions (See specific instruc  | tions fo |                 |                |       | ome not reported (claim on page 11.) | ed as no | ntaxable)                           |
|              | Nature of Deduction  | \$       | Amount          | (See Instruct  |       | Nature of Income                     |          | Amount                              |
|              |  | ΙΦ       |                 |                |       | 1144410 01 111001110                 |          | \$                                  |
|              |  | $\vdash$ |                 |                |       |                                      |          | T T                                 |
|              |  | T        |                 |                |       |                                      |          |                                     |
|              |  |          |                 |                |       |                                      |          |                                     |
|              |  | 1        |                 |                |       |                                      |          |                                     |
| OTAI         | L (Also enter on Line 21, page 1)  | s        |                 | TOTAL          |       |                                      |          | \$                                  |
|              | edule I - BALANCE SHEET (See page 11 of  | ΙΨ       | uctions)        |                |       |                                      |          | ΙΨ                                  |
|              | (2.2.)   |          | ,               | SINNING OF TAX | YEAR  | EN                                   | D OF TAX | YEAR                                |
|              |  |          | AMOUN           | NT             | TOTA  | AL AMOUNT                            |          | TOTAL                               |
|              | 1. Cash  |          |                 |                |       |                                      |          |                                     |
|              | 2. Trade notes and accounts receivable   |          |                 |                |       |                                      |          |                                     |
|              | (a) MINUS: Allowance for bad debts   |          |                 |                |       |                                      |          |                                     |
|              | 3. Inventories   |          |                 |                |       |                                      |          |                                     |
|              | 4. Gov't obligations: (a) U.S. and its instrumentalities   |          |                 |                |       |                                      |          |                                     |
|              | (b) States, subdivisions thereof,  | etc      |                 |                |       |                                      |          |                                     |
| sts          | 5. Other current assets (attach statement)   |          |                 |                |       |                                      |          |                                     |
| Assets       | Mortgage and real estate loans     Other investments   |          |                 |                |       |                                      |          |                                     |
| 4            | <ul><li>7. Other investments</li><li>8. Buildings and other fixed depreciable assets</li></ul>   |          |                 |                |       |                                      |          |                                     |
|              | (a) MINUS: Accumulated depreciation  |          |                 |                |       |                                      |          |                                     |
|              | Depletable assets  |          |                 |                |       |                                      |          |                                     |
|              | (a) MINUS: Accumulated depletion   |          |                 |                |       |                                      |          |                                     |
|              | 10. Land (net of any amortization)   |          |                 |                |       |                                      |          |                                     |
|              | 11. Intangible assets (amortizable only)   |          |                 |                |       |                                      |          |                                     |
|              | (a) MINUS: Accumulated amortization  12. Other assets (attach statement)   |          |                 |                |       |                                      |          |                                     |
|              | 13. TOTAL ASSETS   |          |                 |                |       |                                      |          |                                     |
| tal          | 14. Accounts payable   |          |                 |                |       |                                      |          |                                     |
| - Capital    | 15. Mortgages, notes, bonds payable in less than 1 year  | r        |                 |                |       |                                      |          |                                     |
|              | 16. Other current liabilities (attach statement)   |          |                 |                |       |                                      |          |                                     |
| oilities     | 17. Mortgages, notes, bonds payable in 1 year or more  |          |                 |                |       |                                      |          |                                     |
|              | <ol><li>Other liabilities (attach statement)</li></ol>   |          |                 |                |       |                                      |          |                                     |

20. TOTAL LIABILITIES AND CAPITAL

| Schedule J - DISTRIBUTION   | AND RECONCIL          | LIATION (   | OF NET IN   | NCOME (OR LO       | OSS)                           |                               |                 |                      |  |  |  |  |  |
|---|-----------------------|---|---|--------------------|--------------------------------|-------------------------------|-----------------|----------------------|--|--|--|--|--|
| Col. 1  Name and Address of Owner(s)  Social Security   |                       | Col. 2<br>Percentage<br>of Time<br>Devoted<br>to this | Col. 3 Percentage of Ownership                                  | Salary Claimed     | Col. 5<br>Exemption<br>Claimed | Col. 6<br>Net Los<br>DC Sourc | (or Loss)       | the Unincorporated   |  |  |  |  |  |
|   | Number                | Business  | <u> </u>  | \$                 | \$                             | \$                            | Outside DC      | (Add Cols. 4 thru 7) |  |  |  |  |  |
|   |                       | %   | 6 %   | 6                  |                                |                               |                 |                      |  |  |  |  |  |
|   |                       |   |   |                    |                                |                               |                 |                      |  |  |  |  |  |
|   |                       |   |   |                    |                                |                               |                 |                      |  |  |  |  |  |
|   |                       |   |   |                    |                                |                               |                 |                      |  |  |  |  |  |
|   |                       |   |   |                    |                                |                               |                 |                      |  |  |  |  |  |
| TOTAL   |                       |   |   | . \$               | \$                             | \$                            | \$              | \$                   |  |  |  |  |  |
| Col. 4- See page 9 of Instructions Col. 5- See page 9 of Instructions Col. 6- Amount from Line 31 of r              | S                     |   |   |                    |                                | shown on Line 3               |                 |                      |  |  |  |  |  |
| Col. 7 - Enter the difference between   | veen Line 23 and Li   | ine 31 of re  | eturn   |                    |                                |                               |                 | \$                   |  |  |  |  |  |
| SUPPLEMENTAL INFORMA  |                       | 1 :   | 2. PRINCI   | PAL BUSINESS A     | CTIVITY                        |                               | 3. DATE BUSINES | SS REGAN             |  |  |  |  |  |
| <ol> <li>During 2003, has the Internal Reproposed any adjustments in yeturns, or did you file any amende</li> </ol> | your federal income   | te or   |   |                    |                                |                               |                 |                      |  |  |  |  |  |
| Revenue Service? Yes  | No. If "Yes", su      | ubmit   | 4. IF BUSINESS HAS TERMINATED, STATE REASON 5. TERMINATION DATE |                    |                                |                               |                 |                      |  |  |  |  |  |
| separately an amended Form D<br>ment, concerning adjustments,<br>Revenue, PO Box 610, Washing                       | to the Office of Tax  | and 6   | S. TYPE O   | F OWNERSHIP (s     | ole proprietor,                | partnership, etc              | .)              |                      |  |  |  |  |  |
| 7. Place where federal income tax   | return for period cov | vered by thi  | s return was  | s filed:           |                                |                               |                 |                      |  |  |  |  |  |
| 8. Name(s) under which federal re-  | turn for period cover | red by this r   | eturn was fi  | iled:              |                                |                               |                 |                      |  |  |  |  |  |
| 9. Have you filed annual Federal I<br>1096 and 1099) pertaining to co   |                       |   | Yes   | No If no,          | please state r                 | eason:                        |                 |                      |  |  |  |  |  |
| 10. Is this return reported on the acc  | crual basis?          |   | Yes No  | If no, check meth  | od used:                       | Cash basis Other (specify)    |                 |                      |  |  |  |  |  |
| 11. Did you withhold DC income tax of your employees during 2003'   |                       |   | Yes No  | If no, state reaso | n:                             |                               |                 |                      |  |  |  |  |  |
| or your employees during 2005   | :                     |   |   |                    |                                |                               |                 |                      |  |  |  |  |  |
| Did you file a franchise tax retu with the District of Columbia for   |                       |   | Yes No  | If no, state reaso | on:                            |                               |                 |                      |  |  |  |  |  |
| If yes, enter name under which  | •                     |   |   |                    |                                |                               |                 |                      |  |  |  |  |  |
|   |                       |   |   |                    |                                |                               |                 |                      |  |  |  |  |  |
|   |                       |   |   |                    | _                              |                               |                 |                      |  |  |  |  |  |
| 13. Does this return include income fr conducted by the taxpayer?   |                       |   | Yes No  |                    |                                |                               |                 |                      |  |  |  |  |  |
| (If yes, list businesses and net  | income (loss) of ea   | ch)   |   |                    |                                |                               |                 |                      |  |  |  |  |  |
|   |                       |   |   |                    |                                |                               |                 |                      |  |  |  |  |  |
|   |                       |   |   |                    |                                |                               |                 |                      |  |  |  |  |  |
| 14. Is the income from any other but<br>owned by the proprietors of this<br>in a separate return?                   |                       |   | Yes No  |                    |                                |                               |                 |                      |  |  |  |  |  |
| (If yes, list names and address   | ses)                  |   |   |                    |                                |                               |                 |                      |  |  |  |  |  |
|   |                       |   |   |                    |                                |                               |                 |                      |  |  |  |  |  |
| 15. Is this business an adjunct of a any corporation?   | •                     |   | Yes No  |                    |                                |                               |                 |                      |  |  |  |  |  |
| (If yes, explain affiliation to stoo  | ckholders and propri  | ietors)   |   |                    |                                |                               |                 |                      |  |  |  |  |  |



# 2003 FR-128 Extension of Time to File DC Franchise or Partnership Return



| Federal Employ        | er I.D. N  | umbe   | r           |         |          | Socia      | al Secu         | urity N | lumbe     | er (if s | self-er | nploye  | )      |       |         |         |        |        |        | OFF           | ICIAL | USE    |         |         |         |
|-----------------------|------------|--------|-------------|---------|----------|------------|-----------------|---------|-----------|----------|---------|---------|--------|-------|---------|---------|--------|--------|--------|---------------|-------|--------|---------|---------|---------|
|                       |            |        |             |         |          |            |                 |         |           |          |         |         |        |       |         |         |        |        |        |               |       |        |         |         |         |
| Business Name         |            |        |             |         |          |            |                 |         |           |          |         |         |        |       | Tax     | able y  | ear be | ginni  | ng MN  | /I/YY         |       | Taxab  | le year | ending  | MM/YY   |
|                       |            |        |             |         |          |            |                 |         |           |          |         |         |        |       |         |         |        |        |        |               |       |        |         |         |         |
| Business mailing      | g address  | line a | #1          | F       | ill in   | if         | this is         | s your  | first     | retur    | n or    | if your | addre  | ss is | s diffe | rent    | from   | ast y  | ear's  | returr        | 1.    |        |         |         |         |
|                       |            |        |             |         |          |            |                 |         |           |          |         |         |        |       |         |         |        |        |        |               |       |        |         |         |         |
| Business mailing      | g address  | line a | #2          |         |          |            |                 |         |           |          |         |         |        |       |         |         |        |        |        |               |       |        |         |         |         |
| City                  |            |        |             |         |          |            |                 |         |           |          |         |         |        | Stat  | P       | 7       | p cod  | 2      |        |               |       |        |         |         |         |
|                       |            |        |             |         |          |            |                 |         |           |          |         |         |        | Otat  |         | _       | p cou  |        |        |               | -     |        |         |         |         |
|                       |            |        |             |         |          |            |                 |         |           |          |         |         |        |       |         |         |        |        |        |               |       |        |         |         |         |
|                       |            |        |             |         | this fo  |            | -               |         | -         |          | -       |         |        |       |         |         |        |        |        |               |       |        |         |         |         |
| 1 A 6-mon             |            |        |             |         |          |            |                 |         |           |          |         |         |        |       |         |         |        |        |        |               |       |        |         |         |         |
| file until for the fo |            |        |             |         |          |            | ,               | tor a   | TISCE     | ai yea   | ar er   | aing    |        |       |         |         |        | _, _   |        |               |       | _, is  | nere    | by red  | luestea |
| Corpo                 | Ŭ          |        | ise Tax Re  |         |          |            | Jninc<br>Form I |         | ated I    | Busin    | ness F  | ranch   | ise Ta | x Re  | eturn,  |         |        |        |        | rship<br>D-65 | Retu  | urn of | Incor   | ne,     |         |
| 1 01111               | D-20       |        |             |         |          |            | OIIIII          | D-30    |           |          |         |         |        |       |         |         | ΕN     |        |        | AR A          | MOUI  | NTS (  | NLY     |         |         |
| 2 Total Tax           | Liabilit   | y for  | the Perio   | bc      |          |            |                 |         |           |          |         |         |        | 2     |         |         |        |        |        |               |       |        |         |         | .00     |
| 3 Estimated           | d Francl   | nise ' | Tax Paym    | nents   | (includ  | e any c    | overp           | ayme    | ent cre   | edit)    |         |         |        | 3     |         |         |        |        |        |               |       |        |         |         | .00     |
| 4 Other pa            | yments     |        |             |         |          |            |                 |         |           |          |         |         |        | 4     |         |         |        |        |        |               |       |        |         |         | .00     |
| 5 Total pay           | ments a    | and o  | redits (A   | dd Lir  | nes 3 ar | nd 4)      |                 |         |           |          |         |         |        | 5     |         |         |        |        |        |               |       |        |         |         | .00     |
| 6 Balance             | due (Lir   | ne 2 i | minus Lin   | e 5). I | Paymer   | nt in fu   | ll mus          | st be   | subm      | nitted   | l with  | this    |        | 6     |         |         |        |        |        |               |       |        |         |         | .00     |
| form or you           |            |        |             |         |          |            |                 |         |           |          |         |         |        |       |         |         |        |        |        |               |       |        |         |         |         |
| penalty at            | iu iiiteie | St Oil | any amo     | unit oi | tax duc  | anun       | οι μα           | iu wii  | .11 (111) | зтеці    | uest.   | ,       |        |       |         |         |        |        |        |               |       |        |         |         |         |
|                       | Under      | nenal  | ties of law | I dec   | lare tha | t I have   | eyan            | nined   | this r    | eturn    | and     | to the  | hest ( | of m  | ny kno  | wled    | re it  | is co  | rrect  |               |       |        |         |         |         |
| PLEASE                |            |        | of paid pre |         |          |            |                 |         |           |          |         |         |        | 01 11 | ly Kilo | , wicu, | 50, 10 | 15 00  | iicot. |               |       |        |         |         |         |
| SIGN<br>HERE          |            |        |             |         |          |            |                 |         |           |          |         |         |        |       |         |         |        |        |        |               |       |        |         |         |         |
| HEINE                 |            |        |             |         |          |            |                 |         |           |          |         |         |        |       |         |         | Te     | elepho | one N  | lumbe         | er of | Perso  | n to (  | Contact |         |
|                       |            |        |             | ) (O    |          | \          |                 |         |           |          |         |         |        |       |         |         | _      |        |        |               |       |        | -       |         |         |
| CORPORATE             | Taxpaye    | er(s)  | signature(s | s) (See | instruc  | tions)     |                 | Т       | itle      |          |         |         |        |       | Date    |         |        |        |        |               |       |        |         |         |         |
| SEAL                  |            |        |             |         |          |            |                 |         |           |          |         |         |        |       |         |         | Pr     | epare  | er's F | EIN, S        | SSN   | or PT  | IN      |         |         |
|                       |            |        |             |         |          |            |                 |         |           |          |         |         |        |       |         |         |        |        |        |               |       |        |         |         |         |
| PAID                  | Prepare    | r's si | gnature (If | other   | than ta  | expayer    | )               |         |           |          |         |         |        |       | Date    |         |        |        |        |               |       |        |         |         |         |
| PREPARER<br>ONLY      |            |        |             |         |          |            |                 |         |           |          |         |         |        |       |         |         |        |        |        |               |       |        |         |         |         |
| 0.12.                 |            |        |             |         |          |            |                 |         |           |          |         |         |        |       |         |         | _ Те   | lepho  | one N  | lumbe         | er of | Prepa  | ırer    |         |         |
|                       | Firm na    | me     |             | _       |          | · <u> </u> | _               | _       | _         | _        |         | _       | _      |       | _       |         |        |        |        | -             |       |        | -       |         |         |
|                       |            |        |             |         |          |            |                 |         |           |          |         |         |        |       |         |         |        |        |        |               |       |        |         |         |         |
|                       |            |        |             |         |          |            |                 |         |           |          |         |         |        |       |         |         |        |        |        |               |       |        |         |         |         |
|                       | Firm ac    | dress  | ;           |         |          |            |                 |         |           |          |         |         |        |       |         |         | _      |        |        |               |       |        |         |         |         |

Make check or money order payable to the DC Treasurer. Include your FEIN (or SSN), "FR-128" and tax year on your payment. Mail return and payment to: Office of Tax and Revenue, 6th Floor, 941 North Capitol St NE, Washington DC 20002-4265.

#### INSTRUCTIONS

#### **Purpose**

Use Form FR-128 to request a 6-month extension of time to file a Corporation Franchise Tax Return (Form D-20), an Unincorporated Business Franchise Tax Return (Form D-30), or a Partnership Return of Income (Form D-65).

#### When to file

The request for an extension of time to file must be submitted on or before the due date of the return.

#### Where to submit your request

Mail the completed FR-128 with your payment in full of any tax due to the Office of Tax and Revenue, 6th Floor, 941 North Capitol St NE, Washington DC 20002-4265. Be sure to sign and date the FR-128. Make your payment out to the DC Treasurer. On the payment include your FEIN or SSN, FR-128 and the tax year.

**Note:** If you are requesting certification as a Qualified High Technology Company please submit a completed DC Form QHTC-CERT with your extension request.

#### Extension of time to file

A 6-month extension of time to file will be allowed if you complete this form properly, file it on time and **PAY** the full amount of tax due shown on Line 6. Attach a copy of the FR-128 which you filed when you file your return. A separate extension request must be filed for each return. Blanket requests for extensions will not be accepted.

#### **Federal extension forms**

The Office of Tax and Revenue does not accept copies of the federal application for an extension of time to file. You must use Form FR-128.

#### **Additional extension of time**

No additional extension of time to file will be granted beyond the 6-month extension unless the taxpayer is outside the continental limits of the United States. In this case, an additional extension of 6 months may be granted.

#### Signature

The request must be signed by:

- Corporations any designated or authorized officer;
- Unincorporated business any owner or member;
- Partnership any member; or
- Paid preparer also provide your identification number

**Note:** Receivers, trustees in bankruptcy, or assignees that are in control of the property, business or organization must sign the request for extension.



# Office of Tax and Revenue Net Operating Loss Deduction For Loss Year Before 2000 2000 and After

Be sure to list NOLs prior to the year 2000 separately from those for 2000 and after.

|                | Enter Year |
|----------------|------------|
| Before 2000    |            |
| 2000 and After |            |

Complete a separate D-30 NOL for each business carrying forward an NOL.

Name of unincorporated business FEIN/SSN Year District net income/loss Losses claimed Losses remaining Oldest loss year Subsequent year 1 3 5 6 7 8 9 10 11 12 13 14 Total losses claimed Total losses remaining (to be carried forward) 200\_\_ Summary:



# Office of Tax and Revenue Net Operating Loss Deduction For I

| Enter | Year |  |
|-------|------|--|
|       |      |  |

Net Operating Loss Deduction For Loss Year Before 2000 and After

Complete a separate D-30 NOL for each business carrying forward an NOL. Be sure to list NOLs before the year 2000 separately from those for 2000 and after.

| Name of unincorpora | ated business            |                      | FEIN/SSN<br>-                                  |
|---------------------|--------------------------|----------------------|--|
| Year                | District net income/loss | Losses claimed       | Losses remaining                               |
| Oldest loss year    |                          |                      |  |
| Subsequent year 1   |                          |                      |  |
| 2                   |                          |                      |  |
| 3                   |                          |                      |  |
| 4                   |                          |                      |  |
| 5                   |                          |                      |  |
| 6                   |                          |                      |  |
| 7                   |                          |                      |  |
| 8                   |                          |                      |  |
| 9                   |                          |                      |  |
| 10                  |                          |                      |  |
| 11                  |                          |                      |  |
| 12                  |                          |                      |  |
| 13                  |                          |                      |  |
| 14                  |                          |                      |  |
|                     | 200_Summary:             | Total losses claimed | Total losses remaining (to be carried forward) |